

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	RSD		12/29/00
FORMALITY REVIEW	TL	907	01/08/01
RESPONSE FORMALITY REVIEW			

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	09/08/00
1	09/08/00
2	
3	
4	0
5	
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	0
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	0
24	✓
25	✓
26	✓
27	0
28	✓
29	0
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	0
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	0
49	0
50	✓

Claim	Date
Final Original	09/08/00
51	
52	
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54	0
55	
56	0
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74	0
75	✓
76	✓
77	✓
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
staple additional sheet here